

CLAIMANT'S NAME Ruth Holton-Hodson		SSN or EMPLOYEE NUMBER*		DEPARTMENT State Controller's Office	
POSITION Deputy State Controller	CB/ID No.	DIVISION or BUREAU Executive		INDEX NUMBER	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 300 Capitol Mall, Suite 1850		TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Sacramento	CA	95814

**COPY**

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.500
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(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE   TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
12/7		Irvine, CA					53.17	RC			0.00		53.17	
12/8		Irvine, CA			7.74					25.04	0.00		32.78	
12/14		Sacramento, CA								12.00	0.00		12.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	0.00	7.74	0.00	0.00	53.17		37.04	0.00	0.00	97.95	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$97.95
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY
Attend ICOC meeting in Irvine, CA and CalPERS Board Meeting in Sacramento.	PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed in SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
CLAIMANT'S SIGNATURE		
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		

**Sign Here**

2/18/11